



CONGRESSMAN PHIL HARE
17TH District – Illinois

PRIVACY RELEASE AUTHORIZATION

I hereby authorize Congressman Phil Hare or his representative to inquire with the following agency on my behalf:

(Name of Agency)

In signing this release form, I acknowledge that all information I provide Congressman Hare and/or his staff (including medical documentation) will be forwarded to the above agency and their agents reviewing my case file.

Signature: _____ Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Social Security Number: _____ Date of Birth: _____

A# _____ C# _____

Briefly explain the issue in which you are requesting my assistance:
